

NEBRASKA STATE FIRE MARSHAL

OFFICIAL INTERPRETATION



Interpretation Number: 98-05

Date: 09-04

Pamphlet Number: NFPA 101, 2000 ed.; NFPA 72, 2002 ed.

Section(s): 16.6.3.4, 17.6.3.4, 9.6.2.10; 11.5.1, 11.5.3, 11.5.4, 11.5.7, 11.5.8

Comments:

Applies to Day-Care Homes providing care to at least three but not more than twelve clients in a 1 & 2 family dwelling or apartment. Day-care homes must meet the requirements of chapters 16 and 17 (day-care) as well as those of the predominate occupancy (1 & 2 family or apartment).

Question: What are the requirements for smoke detection in new and existing Day-Care Homes?

Response: Smoke alarms are required as noted below.

1. Outside of the sleeping rooms and,
2. On each level of the dwelling unit and,
3. In sleeping rooms used by the clients.

All smoke alarms in **new** day-care homes shall receive operating power from the house electrical service. Battery back-up power for the alarms is not required. Each smoke alarm shall be configured so that activation of any alarm device will cause all smoke alarms to sound. The alarm signal shall meet the standard alarm evacuation signal (three-pulse temporal pattern) as specified in ANSI S3.41.

All smoke alarms in **existing** day-care homes shall receive operating power by the house electrical service, or by battery power only when previously approved. Battery-powered smoke alarms are permitted if the facility has demonstrated a testing, maintenance, and battery replacement program that ensures reliability of the alarms. Monthly activation of each alarm shall be conducted along with maintenance and battery replacement as recommended by the manufacturer. All testing, maintenance and battery replacement shall be documented. Smoke alarms must emit an audible signal that can be heard throughout the day-care home. Additional alarms that are interconnected may be needed to satisfy this requirement. New smoke alarms shall meet the standard alarm evacuation signal (three-pulse temporal pattern) as specified in ANSI S3.41.

Signature: _____ **Date:** _____

Title: Dennis C. Hohbein, State of Nebraska Fire Marshal